ASEAN+3 FETN
ASEAN Plus Three Field Epidemiology Training Network

Working Collaboratively to Build National & Regional Capacity through Field Epidemiology Training

June 2012
ASEAN+3 FETN
ASEAN Plus Three Field Epidemiology Training Network
# Table of Contents

**Foreword** v  
**ASEAN+3 FETN** 1  
  - **Introduction** 2  
  - **Who We Are** 4  
  - **ASEAN+3 FETN Focal Points** 5  
  - **Strategies & Workplan (2012-2015)** 11  
  - **Proposed 2013 Activities** 14  
**ASEAN+3 Countries: Field Epidemiology Training Programs** 15  
  - Brunei Darussalam 16  
  - Cambodia 17  
  - China 18  
  - Indonesia 19  
  - Japan 20  
  - Lao PDR 21  
  - Malaysia 22  
  - Myanmar 23  
  - Philippines 24  
  - Republic of Korea 25  
  - Singapore 26  
  - Thailand 27  
  - Vietnam 28  
**Abbreviations & Acronyms** 29  
**Appendix A: Terms of Reference** 31
ASEAN+3 FETN
ASEAN Plus Three Field Epidemiology Training Network
The year 2011 was a good start for our network, ASEAN Plus Three Field Epidemiology Training Network. The idea of forming a network among field epidemiology training units of ASEAN Plus Three Countries originated from the meeting of Health Ministers of ASEAN Countries plus China, Japan and Korea, who met in Singapore in July 2010. Four months later, the ASEAN Expert Group on Communicable Diseases endorsed Thailand to be the lead country for this activity. In January 2011, representatives from ASEAN Plus Three Countries joined the first meeting in Bangkok, Thailand. There, we laid out the Terms of Reference (TOR), which includes key principles, objectives, main activities and most importantly, the mechanism to govern the network. This TOR was subsequently endorsed by the Senior Officials Meeting on Health Development in Yangon, Myanmar, and each country nominated two persons to serve as Focal Points of the Steering Committee for the network.

The first Steering Committee meeting held in Bangkok and Pattaya in October 2011 was a very successful one. Besides getting to know each other, we succeeded in developing a work plan for the next four years. Countries volunteered to lead each activity under the workplan. Thailand is serving as the Chair of the network from January to December 2012. We are very glad to share that Myanmar and the Philippines have volunteered to be the Chair in 2013 and 2014, respectively.

Network is a term that we hear very frequently. In the past, we would depend on our own effort to succeed in solving a problem. That may not be applicable today as the problem may be too complicated and there are many stakeholders. To have adequate quantity and quality field epidemiologists, it is wise to join hands among field epidemiology training units from different countries.

Many networks form each year. Also, many networks are just a name, not a lively or action-oriented network. One can easily differentiate a lively network from a paper-network. The beginning of ASEAN+3 FETN is certainly a lively network as we regularly communicate, sharing our situations and solutions through the use of field epidemiology. Since September 2011, we have had four video/teleconferences with discussion topics that included the 2011 epidemic of Hand, Foot and Mouth Disease in China, Japan, Thailand and Vietnam as well as the flood crisis in Cambodia, Thailand, The Philippines and Vietnam. Each member is appreciated for the sharing of technical strategies and condolences given to each other during these difficult situations.

Enclosed, we take this opportunity to share with you what we are doing collaboratively through our network, as well as insight into each valuable ASEAN+3 field epidemiology training program. On behalf of the network, we would like to thank our good partners, namely WHO, FAO, USAID, MBDS and many others. Let us continue to work harmoniously to build field epidemiology training and protect our nations from emerging infectious diseases and other public health events.

Dr. Kumnuan Ungchusak
Senior Expert in Preventive Medicine
Chair, ASEAN+3 FETN
ASEAN+3 FETN
ASEAN Plus Three Field Epidemiology Training Network
In a region prone to emerging infectious diseases (EIDs) and other public health events, Association of Southeast Asian Nations (ASEAN) Plus Three Countries mobilize epidemiologists and other health professionals to detect, assess, prevent and control public health events of both national and international concern. The increase in population, globalization, natural disasters, and the recent outbreaks of severe acute respiratory syndrome (SARS), avian influenza (H5N1) and influenza A (H1N1) illustrate the crucial role of epidemiologists and the need for communication within the Southeast and Western Pacific Asian region. Each nation needs sufficient capacity to ensure prompt public health response in order to protect the public and reduce socio-economic loss.

Effective human resource capacity development is found through Field Epidemiology Training (FET). Over thirty countries worldwide utilize a two-year program referred to as FETP (FET Program). These “learning-by-doing” programs are modeled after the United States Centers for Disease Control and Prevention (US CDC) two-year Epidemic Intelligence Service (EIS) program. FETP fellows gain field-based training and experience in applied epidemiology and public health practice, thus strengthening national public health systems and infrastructures.

Among the ASEAN Countries, Thailand, Indonesia and The Philippines launched the earliest FETPs in 1980, 1982 and 1985, respectively. In 2008, Indonesia revitalized their FETP to shift from an academic format to the well-established “learning-by-doing” field-focused model. Thailand’s FETP has since expanded to include veterinarians (FETP-V) and health professionals from other countries, a program known as International FETP (IFETP). Since the late 1990s, FETPs have been established in the ASEAN Plus Three Countries China, Japan, and the Republic of Korea. Singapore and Vietnam recently
launched FETPs in 2010 and 2009, respectively. Other ASEAN countries in the region have implemented similar FET programs, such as Malaysia’s two-year Epidemic Intelligence Program (EIP), Lao PDR’s one-year FET, and Cambodia’s six-month Applied Epidemiology Training (AET) program. Myanmar conducts a Field Epidemiology Short Course Training Program, which can last up to six months. Brunei Darussalam has a six-month vocational training program.

At the 4th ASEAN Plus Three Health Ministers Meeting in July 2010, the 13 Health Ministers expressed their support to further the development of networking among FET programs among the ASEAN Plus Three Countries to heighten vigilance, preparedness, capacity, communication and collaboration. At the ASEAN+3 Expert Group on Communicable Diseases (AEGCD) Meeting in November 2010, Thailand’s Ministry of Public Health (MoPH) was endorsed to be the focal point for this important initiative. In January 2011, Program Directors and Authorities of FET programs in ASEAN Member States and Plus Three Countries coalesced in Bangkok to establish the ASEAN Plus Three Field Epidemiology Training Network (ASEAN+3 FETN) and its Term of Reference (ToR) (Appendix A, page 31).

In October 2011, the first ASEAN+3 FETN Steering Committee Meeting successfully agreed on a working mechanism, strategies and activities under the four-year workplan (2012-2015). Since this meeting, ASEAN+3 FETN has continued to work harmoniously and agreed activities have commenced through the active participation of Focal Points and support of the ASEAN+3 FETN Secretariat based in Thailand.
ASEAN+3 FETN is under the umbrella of the ASEAN Secretariat (ASEC) and an extension of the AEGCD+3 Medium Term Plan (MTP). In July 2011, ASEAN+3 FETN received endorsement from the ASEAN+3 Senior Officials Meeting on Health Development (SOMHD). ASEAN+3 FETN meets the following health elements under the ASEAN Socio-Cultural Community (ASCC) Blueprint: establish/strengthen/maintain regional support system and network to narrow the gap among ASEAN Member States in addressing EIDs and other communicable diseases; promote the sharing of best practices in improving the access to primary health care by people at risk/vulnerable groups, with special attention to HIV and AIDS, malaria, dengue fever, tuberculosis, and EIDs through regional workshops, seminars, and exchange visits among the ASEAN Member States; strengthen regional clinical expertise through professional organizations networks, regional research institution, exchange of expertise and information sharing; and strengthen cooperation through sharing of information and experiences to prevent and control infectious diseases related to global warming, climate change, natural and man-made disasters.

ASEAN+3 FETN Members include Program Directors and the Authorities of FET programs in ASEAN Member States and Plus Three Countries. Dialogue partners include organizations and networks such as the World Health Organization (WHO), United States Agency for International Development (USAID), and Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). The following pages include names and information for SOMHD+3 designated Focal Points for ASEAN+3 FETN.